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ABSTRACT

Past attention has focused on the role of the elderly as recipients rather than receivers of help. To examine the proportion and characteristics of older community residents involved in care-giving, data used were from the 1979 "Statewide Survey of Older Virginians," aged 60 and older (N=2,146). Of the 10 types of helping activities studied, 5 were viewed as social or interpersonal support activities, and 5 were more directly related to recipients' health or physical well-being. The results revealed that nearly half of the respondents provided one of the 10 types of assistance, and the most frequent types of help were in the social/interpersonal category, e.g., checking in, transportation, personal advice. More young-old (ages 60-74) than old-old adults reported helping others, and there was an association between fair to poor life satisfaction and the provision of physical health-related services. The findings suggest that the elderly are an important resource for many in-home services, with women, younger elderly, and those with good to excellent daily living skills being the major contributors of assistance. (WAS)

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Turning the Tables on Assistance: Elderly as Care Providers[1]

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This paper examines the characteristics associated with care provision by older individuals in the community. Assistance provision for ten types of helping behaviors were included in a statewide elderly needs assessment based on the OARS instrument and methodology. The findings suggest that the elderly are an important resource for many in-home services with women, younger elderly, and those with good to excellent activities of daily living skills being the major contributors of assistance. Assistance patterns suggesting a "primary-life sustaining" and a "supplemental-life enhancing" role on the part of the elderly helpers were also found. The discussion focuses on the elderly's role as resources in the service system.

A considerable amount of research has focused in the quality and quantity of informal assistance received by older adults residing in the community, and the importance of this informal support in delaying or avoiding institutional placement (e.g., Greenberg and Ginn, 1979; Wan & Weisert, 1981). Researchers have generally found that most of the informal services provided for the elderly are from the family, particularly the spouse and adult children (Shanas 1979). Treas (1977) has noted, however, that due to recent demographic trends, the reliance on immediate family, especially children for informal support may become overextended in the future.

While prior studies provide considerable detail regarding the use of informal assistance by the elderly, relatively few investigations have focussed on the degree to which older individuals themselves are sources rather than recipients of help. The elderly however, are often a valuable source of assistance that should not be ignored by service planners and policy makers. Helping others not only reduces the burden on the system of informal services; it may also be a source of personal reward and satisfaction to the older provider.

In exploring the reasons why older people give help, Wentowski (1981) has noted that it is essential for the elderly to contribute to others, especially to persons who provide help to them. She states that the self-esteem of the elderly is upheld in situations that allow them to reciprocate for assistance rendered. Furthermore, help provided to others can often serve as a way of assuring that informal assistance will be available if and when needed at a later date. Also, Dowd's theory of elderly exchange rates (1975, 1980) offers insight into the reasons the elderly provide assistance; however at this point exchange theory is not helpful in determining the characteristics of helpers or the degree of assistance provided by the elderly.

There is very little information regarding the extent of informal help provided by the elderly. Tibbits (1979) has noted that the contributions of community elderly are extensive and invaluable. He cites the Harris and Associates (1976) finding that 22% of those age 65 and upward are doing organized volunteer work. Again referring to the Harris and Associates study, he states that the older family member may provide gifts, money, nursing care, repair work, housekeeping and other informal services to both younger and older family members. Cantor (1975) noted that over 75% of inner city minority elderly persons report helping children in some manner. Horowitz and Shindelman (1980) also found that 23% of the persons providing primary care to elderly receiving home or day care services were themselves elderly.

Given recent demographic shifts in the population and current trends in funding of formal services, the need for informal assistance is likely to either remain constant or increase. It is clear that careful attention should be given to the role played by older people in the overall system of services. This paper is directed toward understanding the extent and nature of informal assistance provided by older community residents. The specific goals of the study are to: 1) determine the extent and patterns of assistance provided by elderly community residents, and 2) identify factors related to maximal help provision by old people.

Source of Data

Data for this study came from the Statewide Survey of Older Virginians, a face-to-face survey of 2,146 older people (age 60+) conducted in 1979 (McAuley, Arling, Nutty & Bowling, 1980). Respondents were selected by means of a state-level area probability sample of non-institutionalized older people. The three-stage sample design incorporated stratification for geography, socioeconomic status and rural-urban residence at the first stage

(minor civil divisions). The response rate for the survey was 87 percent. The demographic characteristics of the survey sample correspond very closely to census data for the state's older population.

The survey instrument was a modified version of the OARS multidimensional functional assessment instrument (Duke University Center for the Study of Aging and Human Development, 1978). Modifications largely consisted of additional sections on dental health, nutrition, and housing. Also, several sections of the original OARS were expanded. For example, in many of the sections dealing with use of services, questions were added concerning whether the older person provided this type of assistance to others. The survey questionnaire was thoroughly pre-tested prior to its use in the field. Administration time averaged approximately 45 minutes.

In this study we focus on 10 forms of assistance; checking in, transportation, personal advice, personal care, meal preparation, homemaker/household assistance, continuous supervision, nursing care, legal and/or financial help and general information. Although we are interested in the nature and extent of help provided by the elderly, it is obvious that the forms of assistance focused on here are basic social and health supportive services that would be useful in the maintenance of elderly persons in the community. Therefore, we are focusing on help provided by older adults in areas that are often viewed as basic to their own well-being. As in the OARS methodology, the respondent was given a standard generic definition of each form of assistance. The respondent's involvement in assistance was determined by asking whether he or she had helped someone with this type of activity "in the past six months."

Due to the exploratory nature of the study, all tests of significance employed a criterian value of p .01 to reduce Type I errors.

The Older Assistance Provider: A Profile

The percentages of elderly providing each form of assistance in the past 6 months are shown in Table 1; these data indicate that many older adults are heavily involved in helping others. Nearly half provide one of the 10 forms.

TABLE 1 ABOUT HERE

The most frequently cited types of help are checking in, transportation, and personal advice. Even the tasks that may be more demanding and/or time consuming (homemaker/household, continuous supervision and nursing) are provided by 7% or more of the sample.

It is often assumed that the elderly are net receivers of help. The findings presented in Table 1 suggest that while a significantly higher proportion of the elderly report receiving than giving most forms of help (Mann-Whitney U-test), most differences are not significant. It should be noted that services received are somewhat inflated due to the inclusion of both formal and informal services (e.g., "transporation" includes use of bus, taxi, etc.) while providing help is, by definition, informal only. Although the frequency and duration of each form of assistance given and received can not be determined from the data, the findings suggest that the elderly are heavily involved in informal helping.

A series of chi-square analyses was conducted for each form of assistance to determine the characteristics of older helpers. Table 2 presents the percentages of various demographic subgroups that give each type of help. Significantly more of the young-old (ages 60-74) provide most forms of

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TABLE 2 ABOUT HERE

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assistance. Tibbitts (1979) noted that public policy may be leaning toward expecting the young-old to become major caretakers of the old-old. These findings show that the young-old are already a major source of help. The only differences in reported helping by race are in checking in and transportation, with non-whites having a higher likelihood of checking in on someone and being less likely to provide transportation. We found no racial differences in transportation, however, when only those who drive were compared. A higher percentage of females provide most forms of assistance. This is especially true in caring for an individual's health or ADL difficulties (e.g. nursing, continuous supervision, and personal care). Not suprisingly, more males than females provide transportation, even when only elderly who drive are compared. A significantly greater proportion of the married elderly provide household/homemaker assistance, continuous supervision, transportation and financial and/or legal help. The provider's living arrangement does not appear to be a good predictor of helping. The only difference between those living alone and those living with another is in continuous supervision. As expected by the nature of this form of assistance, elderly who are not living alone are more likely to provide continuous supervision.

Health Status and Helping

The likelihood of giving a particular form of help also depends on the older person's functional, physical, emotional and cognitive health. Table 3 shows that for six types of assistance (transportation, personal advice, personal care, meal preparation, financial/legal, and information) elderly with good to excellent activities of daily living skills (as rated by the interviewer) are more likely to give help.

TABLE 3 ABOUT HERE

Physical health and number of errors on the Mental Status Questionnaire (MSQ) are poor indicators of the likelihood of giving support. While more elderly with good to excellent physical health provide personal advice than those with fair to poor health, the opposite is true for continuous supervision: a higher proportion with fair to poor physical health provide continuous supervision.

Significantly more elderly with fair to poor life satisfaction provide meal preparation, personal care, and continuous supervision. Although reasons for the poorer emotional health of these providers can not be directly determined from these data, a plausible explanation may be that the increased demands placed upon the care provider cause a higher level of emotional distress. This is consistent with Robinson and Thurmher's (1979) and Horowitz and Shendelman's (1980) findings that one of the negative impacts of the caretaking role is upon the provider's own emotional health. The more demanding forms of informal assistance (e.g. personal care, meal preparation, and continuous supervision) may be particularly stressful. The emotional well-being of the older provider is an area that deserves additional study.

The ability of the older person to reach places beyond walking distance and whether or not he or she recently spent time with friends also relate to the probability of providing help. As may be expected, more elderly who visited with friends within the past week provide information and personal advice than those who did not. Also, more elderly who are able to travel within the community provide transportation, personal advice, homemaker/household, legal/financial, and information assistance.

Elderly Assistance Patterns

Are the elderly who receive help more or less likely to provide similar forms of assistance? Exchange theory would suggest that older people who

receive assistance would be likely to reciprocate, if possible. However, it may also be argued that those receiving some forms of help may not be in a position, for various reasons, to reciprocate with the same type of assistance. Table 4 provides a comparison of assistance patterns for those elderly who do and do not receive help. The results of the chi-square

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TABLE 4 ABOUT HERE

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analyses for receivers and non-receivers show that those receiving help with checking in, personal advice, legal/financial matters, and information are more likely to provide the same support than persons not receiving these services. However, as might be expected, persons who receive transportation are less likely to provide it. There are no significant differences between receivers and non-receivers in providing the more extensive and time-consuming tasks (personal care, meal preparation, homemaker/household continuous supervision and nursing). These findings suggest that the elderly do often reciprocate with the same type of help when this is feasible. But the circumstances associated with receipt of certain forms of help, such as transportation, limit opportunity to reciprocate with the same type of assistance. Overall, however, receivers are just as likely as non-receivers to find some way of assisting others. At least one of the ten forms of assistance is given by 46% of receivers while the corresponding figure for non-receivers is 48%.

Table 5 shows the percentages of the elderly providing each form of assistance who also help in other ways. The range of percentages for

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TABLE 5 ABOUT HERE

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providing a particular second form of assistance, (given that they provide one type of help), varies between 10% and 69%. These proportions are higher than the total sample frequencies of providers presented in Table 1 and show that those who help others are very likely to provide multiple forms of assistance.

There also appear to be two distinct patterns of assistance or helping among the elderly. First, there are a number of forms of assistance that are not highly associated with involvement in other forms of help. For example, a person providing transportation, financial/legal, checking in, information, or personal advice may provide only that one form of help without necessarily providing other types of help. Such forms of assistance are often apparently provided in isolation and can be considered supplemental-life enhancing in nature. The second pattern suggests a greater level of involvement on the part of certain older helpers and can be considered primary-life sustaining in nature. Providing nursing care is related to the likelihood of also checking in on someone (58%), providing personal care (67%) meal preparation (61%) and continuous supervision (55%). Similar patterns of additional involvement can be found for continuous supervision, personal care, homemaker/household help and meal preparation. At least two factors may account for this pattern of intensive assistance on the part of some elderly individuals. First, the list of helping behaviors contains some obvious overlap in the behaviors of the helper and needs of the person(s) being helped. For example, a person providing personal care and nursing care would also be checking in on the person. Anyone being provided with continuous supervision would be in need of other related forms of assistance. In part, the high proportion of those providing particular additional support is a function of this overlap. A second, related factor, which may explain these patterns of interrelated helping behaviors is the total involvement of certain multiple assistance

providers. Persons who are involved in these multiple, extensive types of help (e.g., nursing care, continuous supervision) may be characterized by their close relationship to or heavy responsibility for the individual receiving help. For example, a husband or wife giving total care to a disabled spouse would be engaged in a variety of assistance behaviors. Regardless of whether it is a matter of force or choice, older persons providing these primary-life sustaining forms of assistance are heavily engaged in caregiving. Efforts should be made at identifying these heavily involved providers in order to facilitate their continued support and to reduce the physical and emotional strain which they may experience.

Implications

While it is obviously unrealistic to assume that the elderly can depend totally on their own generation for support, our findings suggest that they are an important resource for many in-home services. Women are more likely to provide many of the types of help, although relatively more men report providing transportation. This suggests that helping behaviors in old age are influenced by traditional sex role patterns. Women have a central responsibility for many of the helping activities addressed here throughout their lives. The young old and those with better ADL skills are also more involved in helping. This is an indication that involvement in assistance may be influenced by the older person's overall capacity.

The findings also indicate that older receivers of assistance continue to be involved in helping others. Although our data do not address the issue as directly as might be desired, they suggest a pattern of reciprocation which is deserving of further study. It is certainly inappropriate to view the elderly who are receiving help as total service dependents. For some areas, they are more likely to provide help than non-receivers. It would be useful to study

whether the helping behavior of those who get assistance from formal sources (where direct reciprocation would be difficult) differs from those who get assistance from informal sources.

Further attention should be given to the relationship among forms of helping behavior and the individuals fitting into certain patterns of assistance. The present findings suggest that certain forms of helping can occur in relative isolation from involvement in other forms and appear to be supplemental-life enhancing in nature. That is, the persons requiring such help may be able to get along independently otherwise. Providing transportation, checking in, personal advice, financial help or information can apparently take place without a higher likelihood of additional forms of assistance.

But the giving of personal care, meal preparation, homemaker/household help, continuous supervision and nursing care tends to often be associated with assistance in other areas as well. Apparently, the persons involved in helping with such activities have a level of commitment or global responsibility which lends itself to helping with other areas as well. Such forms of help are often needed on a more frequent or even continuous basis and appear to be primary-life sustaining in nature. Studies in informal assistance should direct attention to the supplemental-life enhancing versus primary-life sustaining assistance patterns uncovered in this research. Care providers engaged in each pattern may, for example, differ in terms of background, the factors leading to their involvement in care giving, their ties to the recipients, the emotional and physical energy they expend in providing help, and the rewards they derive from helping others.

Studies should also be designed to examine the stress experienced by older people who are involved in helping, and the causes and the circumstances leading to the breakdown of helping arrangements. Service providers should be

interested in identifying helping arrangements so they can be supported and monitored. In this way informal mechanisms will be used for as long as appropriate, but formal mechanisms can be introduced when necessary.

Our findings suggest that many older people are involved in helping others and some are very heavily involved in caregiving and assistance. More work should be done on the time spent, specific activities performed and public dollars saved through elderly helping behavior. Such evidence would go far toward dispelling the myth that all elderly are service dependents. It would also be a further indication of the value of our elders as willing service providers.

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Table 1

Percentage of Elderly Providing and Receiving Assistance

TYPE OF ASSISTANCE	% PROVIDING	% RECEIVING
CHECKING IN	21	37*
TRANSPORTATION	14	79*
PERSONAL ADVICE	12	6
PERSONAL CARE	10	7
MEAL PREPARATION	9	12
HOMEMAKER/HOUSEHOLD	8	19
CONTINUOUS SUPERVISION	7	8
NURSING CARE	7	7
LEGAL/FINANCIAL	6	19
INFORMATION	6	11
ANY ASSISTANCE	46	89*

*$p < .01$ Mann-Whitney U-Test (N = 2,146)

Table 2

Percentage of Assistance Provision
by Demographic Characteristics

DEMOGRAPHIC CHARACTERISTIC	(N)	ASSISTANCE PROVIDED										
		Checking In	Transport-ation	Personal Advice	Personal Care	Meal Prepar-ation	Homemaker Household	Continuous Super-vision	Nursing Care	Financial Legal	Infor-mation	Any Assistance
Age												
60-74 Years	(1636)	22	16	13	11	10	9	8	7	7	6	50
75+ Years	(507)	16*	9*	6*	5*	5	4*	5	6	3*	3	32*
RACE												
White	(1740)	20	15	12	9	9	8	7	7	7	5	46
Non-White	(400)	26*	10*	8	12	10	6	6	6	5	6	45
SEX												
Male	(886)	16	21	9	6	5	8	5	4	8	6	45
Female	(1260)	25*	9*	13*	12*	11*	8	9*	9*	5	5	45
MARITAL STATUS												
Married	(1186)	20	19	11	11	10	10	9	8	8	6	51
Not-Married	(954)	22	8*	13	9	7	6*	5*	6	4*	5	39*
LIVING ARRANGEMENT												
Alone	(496)	23	16	15	10	6	5	4	6	5	7	42
Not-Alone	(1645)	20	9*	11	10	10	9	8*	7	7	5	46

*$p < .01$ Chi Square.

Table 3

Percentages Providing Assistance by Physical, Mental and Functional Health Characteristics

SCALE ITEM	(N)	ASSISTANCE PROVIDED										
		Checking In	Transportation	Personal Advice	Personal Care	Meal Preparation	Homemaker Household	Continuous Supervision	Nursing Care	Financial Legal	Information	Any Assistance
INTERVIEWERS RATING SCALE FOR PERFORMANCE OF ACTIVITIES OF DAILY LIVING												
A. Good to excellent	(1602)	21	17	15	11	10	9	7	8	7	6	49
B. Mild to total impaired	(535)	21	4*	8*	6*	6*	5	7	5	4*	3*	34*
RATE OVERALL HEALTH AT PRESENT TIME												
A. Good to excellent	(1255)	21	16	14	9	8	8	6	7	7	6	49
B. Fair to poor	(801)	22	12	9*	11	11	9	10*	8	5	4	4[illegible]
RATE SATISFACTION WITH LIFE IN GENERAL												
A. Good	(1319)	20	15	13	8	8	7	5	7	7	7	48
B. Fair to poor	(736)	24	14	9	13*	12*	10	11*	8	5	4	46
SPEND TIME WITH FRIENDS LAST WEEK												
A. Yes	(1549)	22	16	14	10	9	8	7	7	7	7	49
B. No	(311)	19	11	7*	9	10	9	9	9	7	3*	39*
ERRORS ON MENTAL STATUS QUESTIONNAIRE (MSQ)												
A. 0-2 errors	(1806)	21	15	12	10	10	8	8	8	7	6	48
B. 3 or more errors	(245)	22	10	9	7	6	8	7	4	3	3	34*
GET TO PLACES OUT OF WALKING DISTANCE												
A. Without help	(1725)	22	17	13	11	9	9	8	8	7	6	50
B. Unable or with help	(417)	17	1*	7*	6	6	4*	5	5	3*	2*	26*

*p<.01 Chi Square.

Table 4

Percentages Providing Assistance for Those
Receiving and Not Receiving Each Service

	ASSISTANCE PROVIDED										
	Checking In	Transport-ation	Personal Advice	Personal Care	Meal Prepar-ation	Homemaker Household	Continuous Super-vision	Nursing Care	Financial Legal	Infor-mation	Any Assistance
RECEIVES SAME ASSISTANCE	37(276)[a]	10(165)	48(60)	9(15)	7(20)	6(21)	5(8)	3(4)	9(37)	13(30)	46(835)
DOES NOT RECEIVE SAME ASSISTANCE	12(148)*	29(132)*	9(186)*	10(194)	9(167)	8(147)	7(144)	7(144)	6(96)*	5(88)*	48(108)

*$p < .01$ Chi-Square.

[a] n in parentheses

Table 5

Patterns of Multiple Assistance

% PROVIDING SECOND FORM OF ASSISTANCE	ASSISTANCE PROVIDED									
	Checking In	Transport-ation	Personal Advice	Personal Care	Meal Prepar-ation	Homemaker Household	Continuous Super-vision	Nursing Care	Financial Legal	Infor-mation
CHECKING IN		25	30	50	56	56	69	58	40	37
TRANSPORTATION	17[a]		22	40	20	27	21	23	30	31
PERSONAL ADVICE	17	18		24	19	21	19	22	31	47
PERSONAL CARE	24	14	20		55	45	59	67	33	30
MEAL PREPARATION	24	12	15	50		61	66	61	32	24
HOMEMAKER/HOUSEHOLD	22	15	14	37	55		41	39	27	24
CONTINUOUS SUPERVISION	24	11	11	43	53	37		55	30	19
NURSING CARE	20	11	13	47	58	35	54		30	18
LEGAL/FINANCIAL	13	14	17	21	22	21	27	27		31
INFORMATION	10	12	23	17	15	17	15	14	27	

[a] Figure should read 17% of those who provide checking in also provide transportation.